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THE HOSPITALS OF PUERTO PRINCIPE, CUBA.

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THE hospitals of the city of Puerto Principe, a place of some 20,000 inhabitants and of almost 400 years settlement, are probably typical of those of other Cuban cities, as it has long been the most important inland city of the island. So the following facts are presented in regard to these institutions:

HOSPITAL DE CARIDAD DE SAN JUAN DE DIOS DE PUERTO PRINCIPE.

This institution was founded in the year 1728 by Gaspar Alonzo de Betencourt for the purpose of furnishing an asylum for sick males. When it was opened for the care of patients the administration was placed in charge of the religious order of San Juan de Dios, a nursing fraternity, under whose care it remained until by a royal order in 1839 the exclaustation of that community was decreed. The exclaustation enabled the Spanish Government to confiscate the property of the order, but an allotment of \$1,710 from the revenue was allowed to the institution annually in lieu of the deprivation of its sources of income. Subsequent to that year the hospital was administered by the Council of Charities until, by a royal decree in 1875, the charity service of the Island of Cuba was organized and declared. In October, 1888, a council of patrons, or board of governors, was organized, which body has remained in charge.

Since its foundation the hospital has had legacies left it amounting to more than \$34,000; this has been invested in mortgages which pay only \$700 at present. So the institution is compelled to seek relief from the general government, and it is but fair that this

should be afforded, as it is a continuation of the remedy granted by Spain for the confiscation of accumulated resources.

The hospital premises occupy an irregular polyhedron that includes about three acres; and it is situated in the southern portion of the city, a short distance from a small stream called the Hatibonico River.

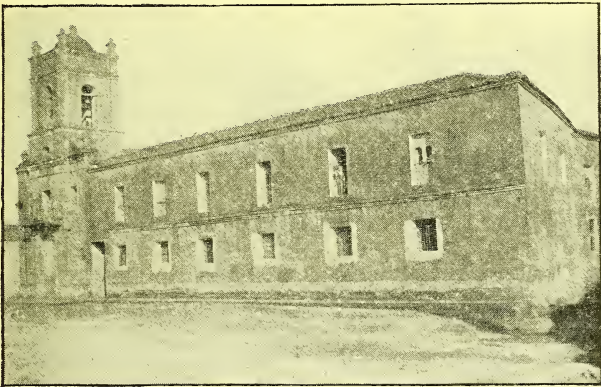
The building fronts the northwest, facing a small square named for the hospital. The old church of the religious order occupies part of the north side of the premises, and two-story wards the east, south and west sides, an excellent arrangement that allows the buildings used by the patients to have the best exposure. Originally the south wards was a two-story cloister that it was necessary to wall in so as to afford more ward accommodation. The buildings are of brick, and the walls are remarkably thick; in places they are reinforced by massive buttresses that seem to be intended to resist enormous strain. There is considerable weight on the walls due to the fact that the floors of the second story are paved with brick laid on a layer of sand six inches deep, and the roofs are tiled. The rafters, doors, windows, etc., are cedar.

On entering the premises you pass into a cloister that surrounds three sides of the patio or courtyard, which contains a flower garden and the hospital cistern.

The lower wards on the west side are small rooms floored with brick, lighted by small, iron-barred windows that are closed by unglazed shutters, as is the custom in this country. In wet weather the shutters may have to be closed, so that light and ventilation must come through the door that opens on the corridor. The bricks are laid directly on the ground, as is the native custom, and there is neither sub-soil drainage nor ventilation. As the walls are laid without damp-proof courses they are wet for several feet above the level of the floor; the capillary attraction that occurs in walls in all houses in this city is remarkable—I have noticed the fluids from a privy-sink stain a house-wall for 40 feet above the surface of the soil. The consequence of this kind of floor and wall is that these wards are damp. The ceilings are the joists and boards that constitute the second-story floor. Originally these

wards were intended for the safe-keeping of sick convicts.

The second-story wards are larger and the air-space continues to the roof; they are lighted and ventilated by doors opening on the cloisters and windows which open on the street. The floors are brick and the shutters similar to those of the lower wards. As a rule the weather here permits the doors and windows to be open during the entire day for the greater part of the year, and as these apertures in the upper ward are spacious there is abundance of light and air. If the rooms were closed the air-space would vary from 850 to 1382 cubic feet per patient. It is fortunate that there is such



Front view of San Juan de Dios Hospital, showing the old church of the order.

ventilation, as in each large ward there is a small inclosed corner that contains a close stool for the use of patients; and in other wards vessels are allowed to remain when they contain excrement.

The beds are either frames of the usual oblong shape, or x-shaped, and have canvas attached to make a mattress; the canvas is changed when sufficiently soiled. Sometimes horse-hair or straw-filled ticks are used as mattresses, sometimes a quilt is laid on the canvas; sheets and pillows are supplied. The canvas should be made with lateral eyelets so that it could be removed easily for disinfection. The ticks are disinfected

when necessary by washing; the straw is burned and the horse-hair is boiled. None of the beds is supplied with mosquito bars. Each bed has an average of from 70 to 80 feet of floor-space; there is no rule in reference to the amount of air and floor-space a bed shall have.

The wards are not susceptible of cleanliness from our standpoint. The porous brick in the floors absorb moisture, and doctors, attendants, patients, and visitors expectorate upon them; as no germicide is used in cleaning the floors they are likely to be the abiding-place for specific microorganisms.

The furniture used in the wards shows no attention to its proper cleaning; a matter that is due to insufficient help. The bedside tables are often littered with articles of diet, as is the case in badly administered hospitals in the United States.

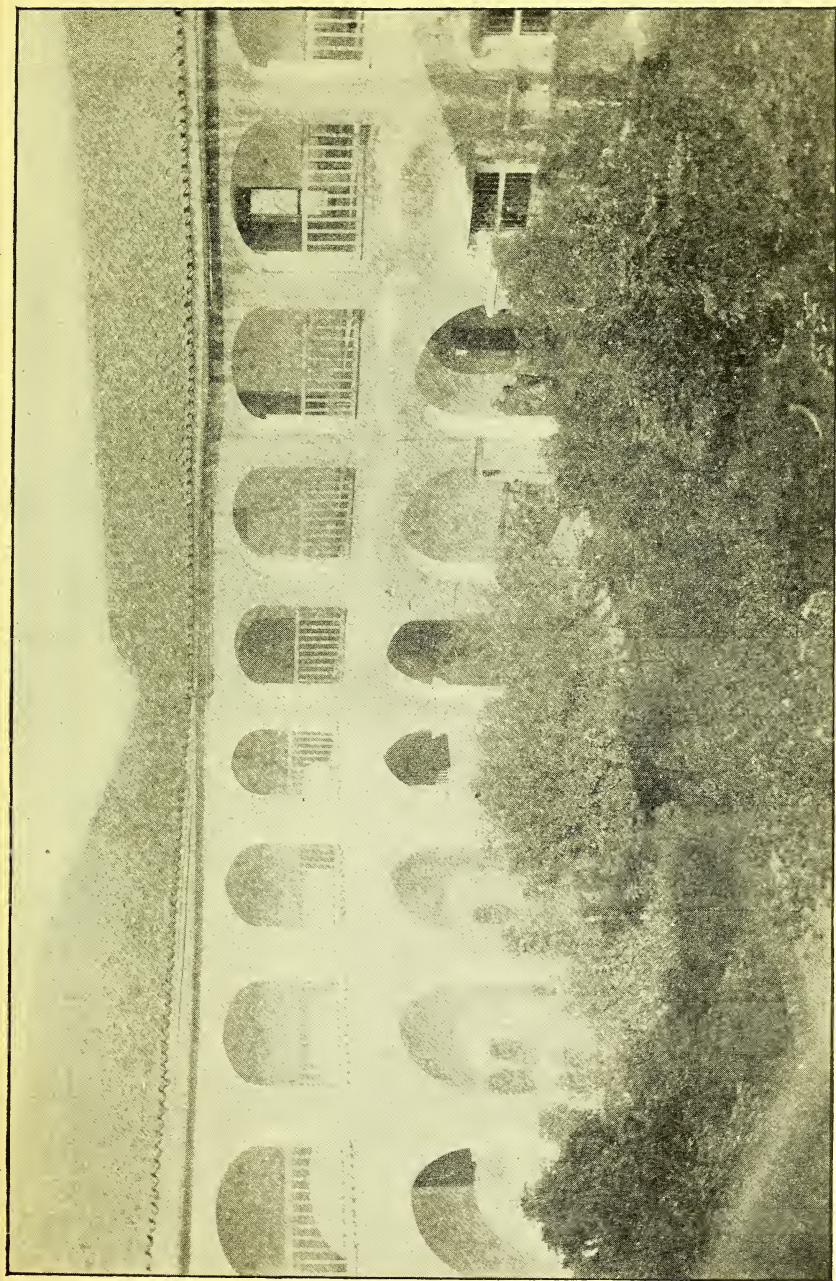
The hospital has no operating-room or equipment for surgical work; operations are performed in the ward on a dirty wooden table that suggests the dark ages of surgical procedure.

There are no trained nurses, men being employed to do the ward duties, and the force is totally inadequate and from our standpoint incompetent. No plan of instruction in the elementary duties of nursing exists.

The diet of the patients is not varied or attractive. They have coffee and bread at half past six in the morning; some time after ten o'clock there is breakfast of soup and rice and meat. In the afternoon there is a dinner of stewed meat, beans and potatoes. Special diet includes milk, beaten eggs, and chocolate. The average cost of the ration is 13 cents per day.

The hospital has the usual store-rooms and attendants' quarters. On the interior court is a room used as a dead house, an arrangement that might be remedied by selecting some less conspicuous site.

The kitchen opens on a courtyard to the east of the hospital proper, and it is an open, one-story structure that has the high, tiled, cooking-place used in Spanish countries. The equipment of utensils is small, but it will be remembered that the diet is not very varied. Adjoining the kitchen is a room intended for a bath-house but it is unprovided with appliances. Patients are required to have a sponge-bath when admitted.



View of courtyard in San Juan de Dios Hospital, showing cloisters.

There is no hospital laundry; washing is done as required, and the funds of the hospital permit, by outside washwomen.

There is no sewer system; a privy beyond the kitchen court is used by the patients. Garbage is piled in a heap in the yard and carted away when a cartload accumulates.

There is no ambulance; the sick may come in a volante or cart, or walk.

Patients are admitted on the order of the mayor, or of the alcalde of a district who certifies to the poverty of the individual, or of the president of the board of governors. A patient is discharged on the order of the attending physician, on his own request, or by the superintendent for infraction of discipline. When a patient is admitted an entry is made in a register of his name, parents' names, his age, birthplace, social condition, occupation, property in his possession, and disease. His clothing is taken from him and placed in a store-room and he is habited in a long loose gown that fastens about the waist; this ensures that no vermin or infected clothes are taken into the wards and is an excellent plan that is too little observed in hospitals in general.

There is no resident physician; and no history is taken or clinical record kept of the patient's disease.

There is an attending physician, who was appointed by the Governor General in 1886, who makes daily visits, for which he receives \$40 a month. From 1835 to 1889 the institution was under the superintendence of Fray Jose Olallo Valdes, the last priest of the Order of San Juan de Dios; since that prelate's death it has been under the superintendence of an official called Chief of Service, who receives \$50 a month; he receives neither board nor washing, and is expected to be on duty from 6 A.M. to 9 P.M. There is a clerk who is paid \$17 a month. There is no apothecary; the prescriptions are sent to a drug store to be filled, though a stock of commonly used medicaments is kept on hand. There is a dresser who assists the attending physician, who is paid \$15. There is one nurse, one orderly, one cook, and a doorkeeper who is also gardener, each of whom receives \$10 a month, board



and lodging. The force of attendants is obviously inadequate to care properly for the patients and building, but the finances will not permit other employes.

As this is the only hospital for males in the city it receives patients who have communicable diseases; there is no ward reserved for such patients, who are placed in the general wards. No precautions are taken with tuberculous patients.

The records of the hospital show the following facts:

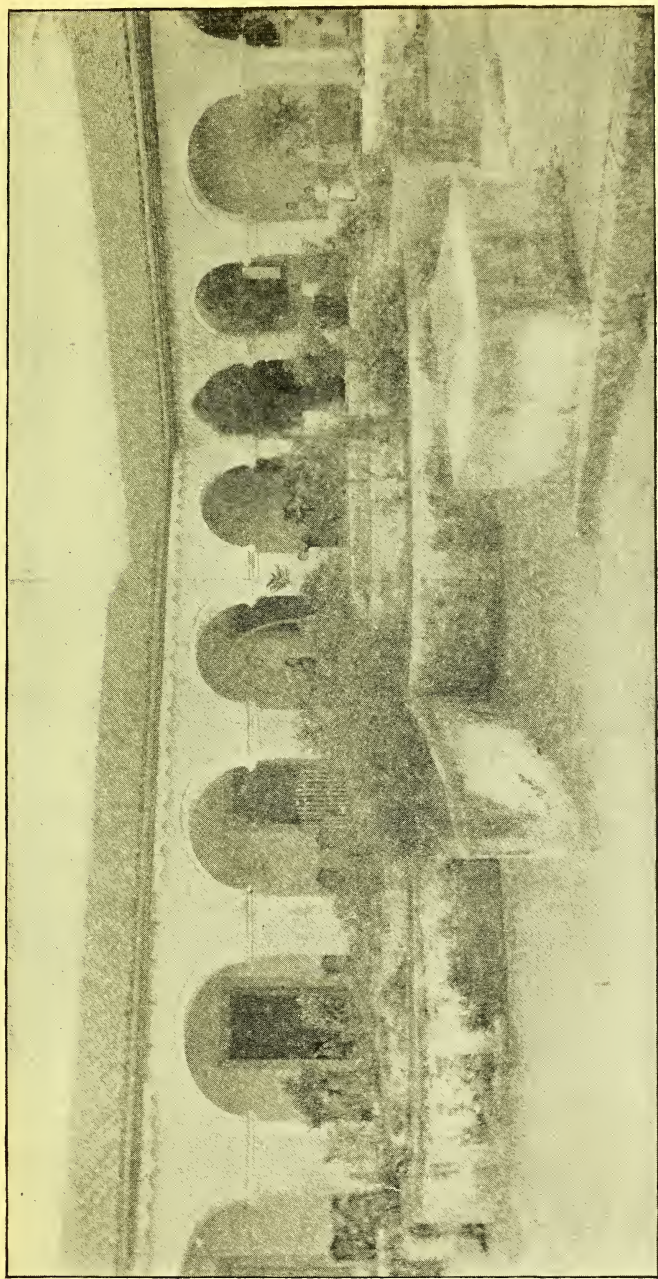
	Admitted.	Discharged.	Died.
1895	222	139	88
1896	203	106	92
1897	228	134	104
1898	296	132	109
1899	379	297	88

The large number of deaths is explained by the fact that it is a common custom among the poor, who are unable to pay the expenses of a funeral, to send a member of the family who is about to die to the hospital, thus saving the expense of interment and burial services. The hospital has a small covered cart that is used as a hearse, and a horse is hired when needed for this vehicle.

The board of governors has members who are alive to the need for betterment, but they have been unable to obtain an allotment of funds from the general government.

HOSPITAL CIVIL DE NUESTRA SENORA DEL CARMEN DE PUERTO PRINCIPE.

This is the woman's hospital and is the outgrowth of an institution that was founded in the year 1730 by a private lady who gave a building and maintained at her own expense a hospital for sick and destitute women. When the growth of the city demanded a larger establishment, several philanthropic gentlemen gave, in 1808, a piece of ground in a ward called Carmen, in the western part of the city, where the present building was constructed. In its early years it was under the supervision of a very worthy priest of the order of San Francisco de Asis, Fray Jose de la Cruz Espi, who is still remembered here by the name of Padre Valencia. The building was completed in 1825 and has been used



Court and part of building of Carmen Hospital.

since that time. It received the property of the old woman's hospital, and at the present time its investments represent, on paper—as there is no certain value of property today and mortgage interest is usually long overdue—\$89,963.59. From such income as it can collect and an allotment of funds from the revenues the institution is supported.

It is managed by a board of governors who were appointed by the Governor-General of the island.

The building is one story high, made of brick, and arranged in the form of two squares that touch at one angle, an arrangement that affords several courtyards and a plentiful supply of light and air. The wards are roomy, open to the roof, and numerous windows and doors give adequate ventilation. The wards are cleanly and in as good condition as can be expected from the construction of the buildings. Some rooms used as wards were formerly private rooms for which patients paid fifty cents a day.

There is neither operating-room nor equipment of instruments. The general arrangement of the offices of the hospital are the same as in San Juan Hospital.

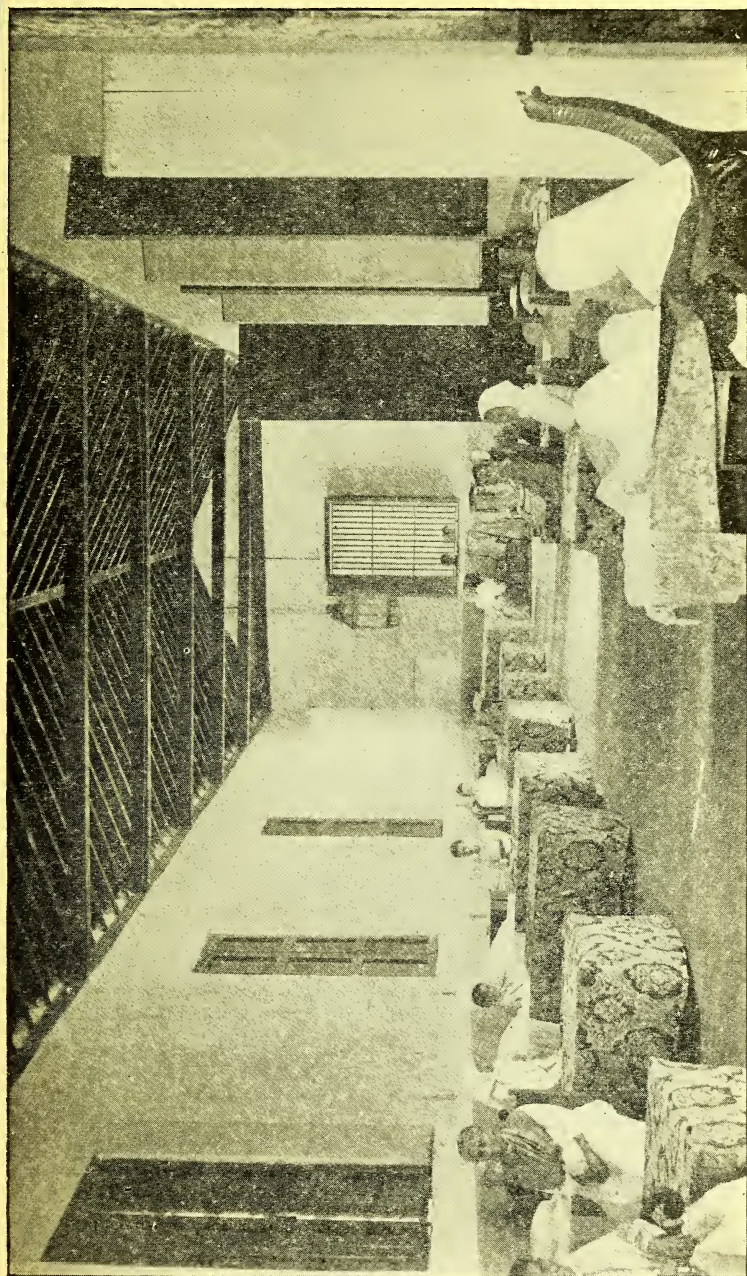
The nursing is done by sisters and convalescent patients, none of whom is trained. The diet is similar to that of San Juan, except that there is a supper of chocolate or bread and milk.

Patients are admitted to this hospital by authority similar to that of San Juan, and somewhat similar data are recorded in the hospital register. Obstetrical cases may be admitted, but are attended, as is the case with all confinements in the city, by a midwife. Patients who have communicable diseases are admitted, but not isolated. This hospital has a bath-room with several baths.

The hospital is visited daily by its attending physician, who was appointed by the Governor-General and who is paid \$40 a month. Each sister is paid \$10 a month.

The work of this hospital in recent years has been:

	Admitted.	Discharged.	Died.
1895.....	66	22	31
1896.....	112	29	62



View of ward in Carmen Hospital.

	Admitted.	Discharged.	Died.
1897.....	96	43	68
1898.....	93	18	55
1899.....	131	46	47

In this hospital also the large number of deaths is due to the moribund poor seeking admission to secure burial.

HOSPITAL DE SAN LAZARO.

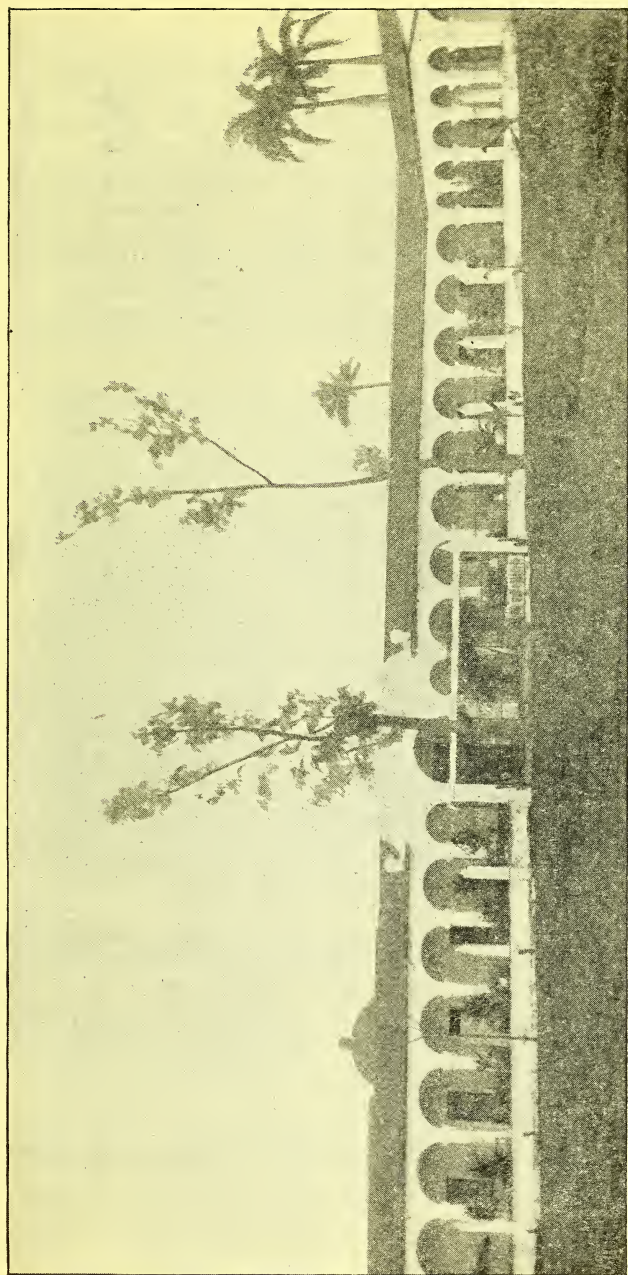
The construction of this leper hospital was commenced in 1814, the funds for its building being obtained through the efforts of the priest, Padre Valencia, mentioned in the account of the last hospital. It is admirably situated on high ground something more than a mile from the boundary of the city. The institution is built in the form of an open square, the aperture facing the east, and in this opening is a church. The long, one-story wards are built of brick, and a wide, covered corridor extends for their entire length. There are many rooms, suitable for two or three people, and each room opens on the corridor. There are six cells, spacious, but having iron doors and small, high-placed, barred windows.

The light and ventilation are all that can be desired, as the rooms are open during almost the entire year.

The wards are wretchedly furnished; the illustrations will give an idea of the wooden platforms that are used as beds in the insane wards, and there are a few square frames that have hides stretched on them; the women's cells have the X-frame canvas cots. There are no mattresses, and the bedding is insufficient and dirty. In general it may be said that this building impresses one as receiving little attention.

The force of nurses is insufficient and incompetent. There is a visiting physician whose duties must be perfunctorily discharged. A superintendent, a clerk, and five attendants constitute the personnel.

Originally the institution was intended for the care of lepers only; and there is a local law that requires all lepers to live in the hospital; but the only instance in which this law has been enforced recently is in the case of a United States citizen who has been a resident of Cuba for a number of years. There are but three



Front view of San Lazaro Hospital.

lepers in the hospital, and it is said that there are 30 in the city and as many more in the neighboring country. With the small number of lepers to be cared for, and the fact that there was no place where insane could be kept, it was decided a number of years ago to send indigent insane to this hospital. Technically these patients are there under observation, as the laws of the island require that all insane patients must be sent to the asylum in Havana, where they are maintained at the expense of the province from which they come. In order to avoid this latter item, and also the cost of



San Lazaro Hospital, Puerto Principe, Cuba. Patient outside of cells. The pile of dirt in the background is from scrapings from the walls and floor made by the man. The superintendent says he tears even the strongest strait-jacket.

transportation to Havana, the patients are kept in this institution for years. The photographs will give an idea of the care such patients receive; there is no expert professional treatment.

The records of the hospital have been badly kept; those accessible show the number of insane and lepers treated was, in:

	Admitted.	Discharged.	Died.
1897.....	26	12	16
1898.....	15	15	19
1899.....	27	12	2

The present population includes 3 lepers and 22 insane patients.

The institution has a garden plot of some 60 acres, a part of which is worked by the insane patients.

From the facts here recorded it would seem desirable that there should be a rearrangement of the methods pursued in the Cuban hospitals, so that their adminis-



View of interior of a cell, showing patient and his bed. San Lazaro Hospital, Puerto Principe, Cuba.

tration and equipment should be more in keeping with those deemed best at the present day.

To accomplish these reforms it is advisable that there should be an official of the General Government, a superintendent of charities, whose duty it should be to inspect all hospitals in the island, who should indicate needed improvements and changes, and whose recommendations should be carried out by the boards of governors of the institutions.

Plans should be adopted for a systematic reservation of wards; in general this should include the substitu-

tion of glazed tile for brick floors ; of subsoil and roof ventilation ; of filled and varnished for ordinary or roughly painted wood ; of walls kalsomined at regular intervals ; and the minimum cubic and superficial area for each bed should be prescribed.

General rules and regulations should be prepared for the government of the hospitals, with special reference to regular cleaning, disinfection, and maintenance of aseptic conditions.

There should be an allotment of funds, proportional to the work done by the institution, to remodel the buildings and supply the necessary equipment of hospital furniture, bedding, instruments, etc.

Each community should be required to furnish a certain proportion of the funds necessary for the running expenses of the hospitals, so as to insure watchfulness that the administration is conducted for the best interests of all concerned.